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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 3@ Health Care Services

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Article 7@ Payment for Services and Supplies

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Section 51511.6@ Nursing Facility Services - Pediatric Subacute Care Reimbursement

51511.6 Nursing Facility Services - Pediatric Subacute Care Reimbursement

(a)

The per diem rates of reimbursement for pediatric subacute services as described in Section 51335.6(a) shall be as follows:

LicensureType of Patient	Rate of Reimbursement	Effective Rate Year
2004-05	2005-06	2006-07

Hospital-basedVentilator Dependent	\$719.71	\$762.95	\$785.01
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Hospital-basedNon-ventilator Dependent	\$660.52	\$700.10	\$720.20
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FreestandingVentilator Dependent	\$673.08	\$713.10	\$733.52
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FreestandingNon-ventilator Dependent	\$613.89	\$650.25	\$668.71
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(b)

The per diem rate of reimbursement for supplemental rehabilitation therapy services shall be as described below:

Effective Rate Year	Per Diem Rate
2004-05	\$43.13
2005-06	\$46.05
2006-07	\$47.46

This rate shall include payment for physical therapy, occupational therapy and speech therapy services provided in accordance with Section 51215.10(i) through (m).

(c)

The per diem rate of reimbursement for ventilator weaning services shall be as described below:

Effective Rate Year	Per Diem Rate
2004-05	\$40.21
2005-06	\$42.94
2006-07	\$44.25

This rate shall include respiratory care practitioner and nursing care services provided in accordance with Section

51215.11.

(d)

Payment to nursing facilities with pediatric subacute units for patients on bedhold receiving acute services shall be in accordance with Section 51535.1(d).

(e)

The provisions of Section 51511 shall apply to pediatric subacute units except for Section 51511(a). Section 51511(c) shall apply to pediatric subacute units except as provided for in 51511.6(f).

(f)

The pediatric subacute per diem rate includes the following: (1) Equipment and supplies necessary for continuous intravenous therapy; (2) Oxygen and all equipment necessary for administration including positive pressure apparatus; (3) Ventilators, including calibration and maintenance; (4) Registered Dietician consultant services; (5) Respiratory therapy services; (6) Physical, occupational and speech therapy services, as specified in Section 51215.10(h); (7) Developmental services; (8) Service Coordinator activities; and (9) Portable imaging services provided by freestanding providers.

(1)

Equipment and supplies necessary for continuous intravenous therapy;

(2)

Oxygen and all equipment necessary for administration including positive pressure apparatus;

(3)

Ventilators, including calibration and maintenance;

(4)

Registered Dietician consultant services;

(5)

Respiratory therapy services;

(6)

Physical, occupational and speech therapy services, as specified in Section 51215.10(h);

(7)

Developmental services;

(8)

Service Coordinator activities; and

(9)

Portable imaging services provided by freestanding providers.